
8/28/2019 5:29 PM - Interface, Results II (continued)

Specimen originated from Cleveland Clinic

Specimen #: S19-123485

Submitting Physician: KOJI HASHIMOTO, MD

FINAL DIAGNOSIS

1. Left paraaortic lymph node #1, excision (A)
- One lymph node, negative
for neoplasm (0/1).

2. Liver, biopsy (B) - Liver parenchyma with
no significant diagnostic
alteration, see comment.

3. Native liver, explant for transplantation
(C) No residual
adenocarcinoma seen. See comment.
- Focal necrosis with associated
calcifications and fibrosis, consistent
with prior treatment effect.
- Cirrhosis with marked cholestasis, hepatic
artery and portal vein
thrombosis.
- Bile ducts with ulceration and reactive
changes, consistent with history
of biliary catheter.
- Negative surgical margins.
- No evidence of lymphovascular or perineural
invasion.

DSA/kr 08/27/2019

COMMENT

2. The overall hepatic architecture is
preserved. There is no evidence of
steatosis or cholestasis. Portal or lobular
inflammation is not seen. The
interlobular bile ducts and hepatic
vasculature are unremarkable. PAS/D
stain does not reveal alpha-1 antitrypsin
inclusions. The iron stain shows
increased iron deposition in Kupffer cells and
rare hepatocytes (1+ of 4+),
consistent with secondary iron overload. The
trichrome stain does not
reveal any fibrosis.

3. The sections demonstrate liver parenchyma
with nodular architecture

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consistent with cirrhosis. Fibrous bands contain bile ductular proliferation and mild chronic inflammatory infiltrates are noted. There is extensive canalicular and hepatocellular cholestasis. Steatosis is not seen. There is individual hepatocellular necrosis and dropout. Diffuse ballooning degeneration or Mallory hyaline is not seen. Some of the sections reveal evidence of partially recanalized hepatic artery and portal veins thrombosis with occasional foci of complete obliteration of the vascular lumen. The sections from the hilar region reveal bile duct with mucosal ulceration and prominent granulation tissue, associated with the history of a biliary catheter. There are some bile lakes with accompanying inflammatory cells including multinucleated giant cells. PAS/D stain does not reveal alpha-1 antitrypsin inclusions. The iron stain is negative for abnormal iron deposition. The patient's history of colorectal cancer metastatic to the liver and prior chemotherapy is noted. She also had a history of portal vein and hepatic artery thrombosis. The findings are consistent with end stage liver disease (cirrhosis). Even though these findings are not specific, could be associated with chemotherapy induced liver injury and superimposed complications of cirrhosis.

Daniela S. Allende, M.D.
(Electronic Signature)

SPECIMEN SUBMITTED
A: LEFT PARA AORTIC LYMPH NODE #1
B: LIVER, BIOPSY
C: NATIVE LIVER

CLINICAL DATA
CIRRHOSIS
RULE OUT CARCINOMA

INTRAOPERATIVE CONSULT DIAGNOSIS

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FSA1: Negative for carcinoma. (Dr. Cruise)

Intraoperative diagnosis performed at
Cleveland Clinic, 9500 Euclid Ave,
Cleveland OH 44195

GROSS DESCRIPTION

A. Received fresh labeled as "para-aortic lymph node #1" is one piece of tan-brown lymph node tissue, measuring 1 x 0.7 x 0.7 cm. The specimen is totally submitted for frozen section as FSA1.

JS/lbk 08/23/2019

Gross examination performed at Cleveland
Clinic, 9500 Euclid Ave.,
Cleveland, OH 44195

B. Received in formalin on Telfa gauze are two segments of cylindrical tissue aggregating to 2.3 x 0.1 x 0.1 cm, brown-black and of a friable consistency. Totally submitted in formalin in one cassette.

Gross examination performed at Cleveland
Clinic, 9500 Euclid Avenue,
Cleveland, Ohio 44195

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C. Received fresh designated "native liver" is an entire liver with attached segments of extrahepatic biliary tree without gallbladder, weighing 1940 grams and measuring 23 x 17 x 9 cm. The capsular surface is ragged. The overall configuration of the liver is slightly distorted due to previous surgical excisions. On cross section, the parenchyma is green-brown and cirrhotic with a tan, hemorrhagic and ill-defined nodule that measures 1.1 x 1 x 1 cm. The nodule is located in what grossly appears to be segment 6, 0.2 cm from the capsular surface and 11 cm from the hilum. Also throughout the parenchyma are multiple yellow slightly gelatinous and ill-defined areas of irregularity with focal areas of calcification that range in size from 2 to 5 cm in greatest dimension. Also at the hilum are



CCF CLEVELAND CLINIC
MAIN
9500 EUCLID AVE
CLEVELAND OH 44195-0001

Zak, Erika L
MRN: 86642569, DOB: [REDACTED] Sex: F
Visit date: 8/22/2019

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markedly firm areas of calcification.
Cirrhotic nodules range in size from
0.1 to 0.2 cm in greatest dimension. The
hepatic and portal veins are
patent. Intrahepatic bile ducts are prominent.
Representative sections are
submitted as follows: C1 hepatic duct, hepatic
artery and portal vein, C2
hepatic vein, C3-C4 entire nodule, C5-C8
representative yellow areas of
irregularity, C9 uninvolved liver parenchyma.

WE/glw 08/23/2019

Gross examination performed at Cleveland
Clinic, 9500 Euclid Ave.,
Cleveland, OH 44195

Patient ID #: 86642569
Date of Report: 8/28/2019
Date of Procedure: 8/22/2019
Date of Receipt: 8/22/2019
Submitted by: KOJI HASHIMOTO, MD
Location: HCA3
Diagnostic interpretation performed at
Cleveland Clinic, 9500 Euclid Ave,
Cleveland OH 44195. CLIA Number: 36D0656094

Lab and Collection

SURGICAL PATHOLOGY - 8/22/2019

Order Information

Collection Date	Collection Time	
8/22/2019	12:00 AM	GENERAL LAB

Order Information

Date and Time	Department	Ordering	Authorizing
8/22/2019 12:00 AM	Cleveland Clinic Department	Interface, Results II	Koji Hashimoto

Order Providers

Authorizing Provider	Encounter Provider
Koji Hashimoto	Koji Hashimoto

END OF REPORT